

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
 03-29-2002 91433 013 ****61.25

0086942

DOCUMENT # 743085

1. Entity Name

LAKE WEIR SHORES NUMBER (3) INC.

Principal Place of Business

Mailing Address

**BOX 1686
 BELLEVIEW FL 34421**

**BOX 1686
 BELLEVIEW FL 34421**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1816533

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LA FLEUR, LAWRENCE N
 10380 S E 148TH PLACE
 SUMMERFIELD FL 34491**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D CZERWONKA, PAT**
 STREET ADDRESS **10385 SE 149 STREET**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Change ☒ Addition
 NAME **P GENE SHERWOOD**
 STREET ADDRESS **10376 SE 149 LANE**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Delete
 NAME **D LAFLEUR, LAWRENCE**
 STREET ADDRESS **10380 S.E. 148TH PLACE**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S LA FLEUR, DOLORES J.**
 STREET ADDRESS **10380 SE 148TH PLACE**
 CITY-ST-ZIP **SUMMERFIELD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T ALLEN, CAROLYN**
 STREET ADDRESS **10363 149 LANE**
 CITY-ST-ZIP **SUMMERFIELD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **P OWENS, CINDY**
 STREET ADDRESS **10482 SE 148 STREET**
 CITY-ST-ZIP **SUMMERFIELD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GARLOCK, LES**
 STREET ADDRESS **10370 SE 148 STREET**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Dolores J. LaFleur
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2002 x **352-288-2987**

Date

Daytime Phone #

CR2E037 (9/01)